County: Dodge MARQUARDT MEMORIAL MANOR, INC. 1020 HILL STREET WATERTOWN 53098 Phone: (920) 261-0400
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 140
Total Licensed Bed Capacity (12/31/00): 140
Number of Residents on 12/31/00: 139 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Non-Profit Church Related Skilled Yes Yes 138

***********	****	***********	*****	***********	******	*********	*****
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %				
Home Health Care Yes Supp. Home Care-Personal Care No		Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	30. 9 45. 3
Supp. Home Care-Household Services Day Services	Yes No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 13. 7	Under 65 65 - 74	2. 9 3. 6	More Than 4 Years	23. 7
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	2. 2 0. 0	75 - 84 85 - 94	34. 5 51. 8	**********	100. 0 ******
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 1. 4	95 & 0ver	7. 2	Full-Time Equival Nursing Staff per 100	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	13. 7 11. 5	65 & 0ver	100. 0 97. 1	(12/31/00)	
Transportation Referral Service	No Yes	Cerebrovascul ar Di abetes	15. 8 2. 9	Sex		RNs LPNs	14. 1 7. 4
Other Services	No	Respiratory Other Medical Conditions	5. 0 33. 8	Male	25. 2	Nursing Assistants Aides & Orderlies	55. 0
Provide Day Programming for Mentally III	No	other Medical Conditions		Female	74. 8	Aides & Orderiies	55. U
Provide Day Programming for Developmentally Disabled ************************************	No ****	*********	100. 0	· * * * * * * * * * * * * * * * * * * *	100. 0 *******	 **********************	*****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			ri vate	Pay	 [Manageo	d Care		Percent	
			Per Die	m		Per Die	m		Per Diem			Per Diem		Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	7	100.0	\$259.47	87	100. 0	\$104.54	0	0.0	\$0.00	45	100.0	\$182.00	0	0.0	\$0.00	139	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		87	100. 0		0	0.0		45	100.0		0	0.0		139	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 0. 0 5. 8 Private Home/With Home Health 5.8 Baťhi ng 56. 1 43. 9 139 Other Nursing Homes 4.3 **Dressing** 71.9 22. 3 139 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 78.3 Transferring 62.6 139 17.3 20. 1 29. 5 139 0.0 Toilet Use 13. 7 56. 8 0.0 Eating 22. 3 64. 7 12. 9 139 Other Locations 11.6 Total Number of Admissions Continence Special Treatments 69 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 12.9 4. 3 Private Home/No Home Health 2.9 Occ/Freq. Incontinent of Bladder **54.** 0 0.0 Private Home/With Home Health Occ/Freq. Incontinent of Bowel 5. 7 48. 2 0. 7 Other Nursing Homes 1.4 2. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 0.7 Physically Restrained 5.0 0.0 40.3 0.0 Other Locations 2.9 Skin Care Other Resident Characteristics 87. 1 Deaths With Pressure Sores 1.4 Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications Receiving Psychoactive Drugs (Including Deaths) 62. 6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:		ensure:			
	Thi s	Non	Nonprofit		100- 199		Skilled		Al l	
	Facility	Facility Peer Group			Group	Peer Group		Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 6	92.8	1.06	86. 4	1. 14	87. 0	1. 13	84. 5	1. 17	
Current Residents from In-County	67. 6	73. 6	0. 92	79. 8	0.85	69. 3	0. 98	77. 5	0.87	
Admissions from In-County, Still Residing	46. 4	26. 8	1. 73	23. 8	1. 95	22. 3	2. 08	21. 5	2. 16	
Admi ssi ons/Average Daily Census	50. 0	86. 5	0. 58	109. 7	0.46	104. 1	0. 48	124. 3	0.40	
Discharges/Average Daily Census	50. 7	83. 8	0. 61	112. 2	0. 45	105. 4	0.48	126. 1	0.40	
Discharges To Private Residence/Average Daily Census	4. 3	28. 3	0. 15	40. 9	0. 11	37. 2	0. 12	49. 9	0.09	
Residents Receiving Skilled Care	100	89 . 0	1. 12	90. 3	1. 11	87. 6	1. 14	83. 3	1. 20	
Residents Aged 65 and Older	97. 1	97. 3	1.00	93. 9	1.03	93. 4	1. 04	87. 7	1. 11	
Title 19 (Medicaid) Funded Residents	62. 6	67. 3	0. 93	68. 7	0. 91	70. 7	0.89	69. 0	0. 91	
Private Pay Funded Residents	32. 4	27. 1	1. 19	23. 2	1.40	22. 1	1.46	22. 6	1.43	
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00	
Mentally Ill Résidents	15. 8	32.8	0.48	37. 6	0. 42	37. 4	0. 42	33. 3	0.47	
General Medical Service Residents	33. 8	22. 4	1. 51	22. 2	1. 52	21. 1	1. 60	18. 4	1.83	
Impaired ADL (Mean)	57. 1	49 . 0	1. 17	49. 5	1. 15	47. 0	1. 21	49. 4	1. 16	
Psychological Problems	62. 6	46. 3	1. 35	47. 0	1. 33	49. 6	1. 26	50. 1	1. 25	
Nursing Care Required (Mean)	7.4	7. 6	0. 97	7. 2	1. 02	7. 0	1. 05	7. 2	1.03	